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APPLICANTS

James R. Lawter, Yardley, PA;
Michael G. Lanzilotti, Newtown, PA;
Mark Bates, Westwood, MA; Gregory H. Hunter, Dover, MA;

** CONTINUING DATA *****

This application is a CON of 10/112,450 03/29/2002 PAT 6,682,348
mb

** FOREIGN APPLICATIONS *****

None mb

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/29/2004

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|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY PA | SHEETS DRAWING 12 | TOTAL CLAIMS 43 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature <i>mb</i> Initials | | | | |

ADDRESS

23122
RATNERPRESTIA
P O BOX 980
VALLEY FORGE , PA
19482-0980

TITLE

Dispensing apparatus and cartridge with deformable tip

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|------------------------------------|---|---|
| FILING FEE RECEIVED 1184 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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